

# **CPR REGULATIONS: CMS UPDATE**

GAIL MAURER RN, BSN

STATE OF MICHIGAN LTC SURVEY MONITOR

HENRIETTA MAKOWSKI RN,BSN,MS

# INFORMATIONAL GOALS

Discuss the differences between Advanced Directives and Code Status

Discuss methods to develop systems to determine the resident's Code Status in an emergency situation

Discuss how to develop systems to determine which staff will be certified in BLS

Discuss methods to make sure that CPR certification is kept current



# REGULATORY GUIDANCE F155

***§483.10(b)(4) AND (8) RIGHTS REGARDING:  
REFUSAL OF MEDICAL OR SURGICAL TREATMENT,  
PARTICIPATION IN EXPERIMENTAL RESEARCH AND  
ADVANCE DIRECTIVES .***



# THE INTENT

The Intent is to promote the residents' rights by providing information so residents or their representatives have information which will allow them to make choices regarding medical treatment at the end of life.




# **ADVANCE DIRECTIVES:**

**ONE OF THE CENTRAL TENETS OF PERSON-CENTERED, INDIVIDUALIZED CARE IS THE RIGHT TO FORMULATE AN ADVANCE DIRECTIVE**




## WHAT IS AN ADVANCE DIRECTIVE?

Written instruction prepared when the adult resident was **competent** relating to the provision of medical care in the event the resident becomes incompetent or unable to participate in medical treatment decisions.

The bottom of the slide features a decorative design with three overlapping geometric shapes: a large light blue triangle on the right, a medium teal triangle on the left, and a smaller orange triangle at the bottom left corner.

## **FACILITY POLICIES ON ADVANCE DIRECTIVES NEED TO BE :**

- **CLEAR**
  - **SPECIFIC**
  - **CONTAIN DEFINITIONS**
  - **DEFINE AUTHORITY**
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**REVIEW F-155 AND UTILIZE THE VERBAGE AND  
DEFINITIONS IN THE DEVELOPMENT OF THE FACILITY  
POLICY**






**UTILIZE AVAILABLE TOOLS IN THE IMPLEMENTATION OF  
THE POLICY**



## **MANY DIFFERENT TEMPLATES AVAILABLE:**

- **STATE BAR OF MICHIGAN – ELDER LAW AND DISABILITY RIGHTS SECTION**
  - **GOOGLE SEARCH ON ADVANCE DIRECTIVES REVEALS A MULTITUDE OF TEMPLATES AVAILABLE**
  - **HAVE TEMPLATES AVAILABLE FOR RESIDENTS' USE**
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**RESIDENT/FAMILY EDUCATION:**

**THE PUBLIC STILL UNAWARE OF THE PATIENT SELF  
DETERMINATION ACT OF 1990!!!**

**RESIDENTS NEED EDUCATION ABOUT THE BENEFITS OF  
COMPLETING AN ADVANCE DIRECTIVE.**

**NOT THE RIGHT TIME!! NOT THE RIGHT PLACE!!**



**IF NOT NOW, WHEN!!!!!!**



**ADVANCE CARE PLANNING TRACKING FORM-  
INTERACT VERSION 3.0 TOOL**

**ADVANCING EXCELLENCE IN AMERICA NURSING HOME  
WEBSITE**



**DELINEATE BETWEEN THE ADVANCE DIRECTIVE  
POLICY AND THE CODE STATUS POLICY!!!  
THEY ARE NOT ONE IN THE SAME!!!**



## **ADVANCE DIRECTIVE COVERS MORE ISSUES THAN CODE STATUS OF A RESIDENT:**

- **RIGHT TO REFUSE**
  - **RIGHT TO EXPERIMENTAL TREATMENT**
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**STAFF EDUCATION IS AN INTEGRAL ROLE IN THE  
IMPLEMENTATION OF THE ADVANCE  
DIRECTIVE POLICY**





**STAFF NEEDS TO BE EDUCATED ON THE ADVANCE DIRECTIVE  
POLICY**

**STAFF NEEDS TO BE AWARE OF WHERE THAT INFORMATION IS KEPT  
ON THE RESIDENT**

**STAFF NEEDS TO KNOW THAT THE ADVANCE DIRECTIVES ARE TO BE  
DISCUSSED WITH THE PHYSICIAN AND ORDERS NEED TO BE  
WRITTEN AND ARE REFLECTIVE OF THE RESIDENT'S WISHES.**



**GOOD OPPORTUNITY TO  
EDUCATE STAFF FOR  
THEMSELVES AND THEIR  
FAMILIES!**



**“THE ABILITY OF A DYING PERSON TO CONTROL  
DECISIONS ABOUT MEDICAL CARE AND DAILY  
ROUTINES HAS BEEN IDENTIFIED AS ONE OF THE KEY  
ELEMENTS OF QUALITY CARE AT THE END OF LIFE”**



# INVESTIGATIONAL PROTOCOL OBJECTIVES

During the survey process the surveyor will follow the investigational protocols set forth by CMS;

to determine whether a facility has promoted the resident's right to formulate an advance directive.






**CPR**

PUTTING REGULATION INTO PRACTICE

# F-309

## 483.25 End of Life

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.



Prior to the arrival of emergency medical services (EMS), nursing homes must provide basic life support, including initiation of CPR, to a resident who experiences cardiac arrest (cessation of respirations and/or pulse) in accordance with that resident's advance directives or in the absence of advance directives or a Do Not Resuscitate (DNR) order



# INTENT

All Facilities must have policies and procedures that reflect that CPR must be performed on all individuals who do not have a DNR status

All Facilities must ensure that there is at least one qualified person capable of carrying out CPR in the facility at all times.

The facility must be able to identify the code status of each resident.






# **FACILITY POLICY DEVELOPMENT**

**MUST, AT A MINIMUM, DIRECT STAFF TO INITIATE CPR  
AS APPROPRIATE.**




## **CPR TO BE INITIATED:**

- **FOR RESIDENTS WHO HAVE REQUESTED CPR**
  - **FOR RESIDENTS WHO HAVE NOT FORMULATED AN ADVANCE DIRECTIVE**
  - **FOR RESIDENTS WHO DO NOT HAVE A VALID DNR ORDER**
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- **FOR RESIDENTS WHO DO NOT SHOW AHA SIGNS OF CLINICAL DEATH**



- **POLICY INCLUDES THE INITIATION OF CPR AND THE CONTINUATION UNTIL EMS ARRIVES**
  - **POLICY SHOULD INCLUDE WHO IS CPR CERTIFIED AT THE FACILITY**
    - **LICENSED STAFF ONLY?**
    - **CNA'S?**
    - **OTHER ANCILLARY STAFF?**
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- **SHOULD INCLUDE IN THE POLICY HOW EMERGENCY SUPPLIES ARE:**
  - **KEPT**
  - **MAINTAINED**
  - **LOCATED**

- IF ALL LICENSED STAFF IS NOT CERTIFIED, HOW IS IT ENSURED THAT A CERTIFIED STAFF IS ON DUTY AT ALL TIMES?????

- **NEED TO IDENTIFY WHEN STAFF WILL BE TRAINED:**
  - **UPON HIRE?**
  - **WITHIN PROBATIONARY PERIOD?**
- **NEED TO IDENTIFY WHO WILL TRACK CERTIFICATION AND NEED TO RECERTIFY**

- **POLICY SHOULD ADDRESS HOW RESIDENT CODE STATUS IS IDENTIFIED:**
  - **MUST MAINTAIN PRIVACY AND DIGNITY**
  - **MUST BE EASY TO IDENTIFY AND HAVE QUICK ACCESS TO CODE STATUS**
  - **MUST HAVE A SYSTEM IN PLACE TO UPDATE AS CONDITION CHANGES**



## **ADDITIONAL POINTS FOR CONSIDERATION:**

- **RESIDENT WISHES/ADVANCE DIRECTIVES ARE REVIEWED WITH PHYSICIAN AND ORDERS WRITTEN AND TRANSCRIBED APPROPRIATELY**
- **INCORPORATED INTO THE RESIDENT PLAN OF CARE**



- **MOCK CODES/DRILLS SHOULD BE PRACTICED**
- **DOCUMENTATION OF AN EMERGENCY MEDICAL SITUATION/CODE IS CRITICAL.**
  - **A STRONG NARRATIVE NOTE WITH A TIGHT TIMELINE WILL AVOID PROBLEMS IN THE LONG RUN!**

# **SURVEY IMPLICATIONS**

**Record review of the facility's policy and procedure regarding administration of CPR will be reviewed.**



**Interview the NHA, DON or other person as designated to determine the process to ensure there is a qualified staff person in house at all times and how they determine when the code status should be re-evaluated.**



# INTERVIEW

Interview staff to determine their understanding of the policy.

Interview staff to determine how a resident's code status is designated.



# INTERVIEW CONT'D

Interview the resident, or their representative to ensure that their understanding of the resident's code status is reflected in the resident's plan.



# OBSERVATION

Observe to ensure that the code status is easy to determine according to the policy.



# CLOSED RECORD REVIEW

Closed record review :

should not reflect instances where the resident was a full code (either requested CPR or had not formulated an advance directive which indicated a DNR) and CPR was not initiated by staff..

